## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

**Facility Name: INFINITE ABILITY INC II (0010619)** 

Address: W9141 THUNDERBIRD RD, PORTAGE, WI 53901

**License Status: REGULAR** 

Licensed/Certified/Registered 07/01/2004

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History** 

Survey ID: 0093740 End Date: 12/07/2004 Type: STANDARD Purpose: SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092820 End Date: 06/23/2004 Type: INITIAL Purpose: SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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